DATE ORDER OF SUSPENSION

NAME LICENSE NO: **ADDRESS** CITY, STATE, ZIP **BIRTHDATE:** AT 12:01 AM YOUR DRIVING PRIVILEGE WILL BE ON. SUSPENDED FOR FAILURE TO APPEAR/PAY/COMPLY ON CITATION .* RCW 46.20.289. THE SUSPENSION WILL REMAIN IN EFFECT UNTIL YOU ARE NOTIFIED OF REINSTATEMENT BY THIS DEPARTMENT. TO AVOID SUSPENSION, YOU MUST RESOLVE ALL CHARGES ON THIS CITATION WITH THE COURT INDICATED BELOW AND THE DEPARTMENT MUST RECEIVE PROOF FROM THE COURT BEFORE ___ THAT THE CHARGE (S) HAVE BEEN RESOLVED. QUESTIONS REGARDING THE CITATION AND/OR FINE SHOULD BE DIRECTED TO THE COURT LISTED BELOW. VIOLATION DATE VIOLATION REASON **COURT INFORMATION** 10-06-1999 NO VALID LICENSE/C GRANT CO. DIST CRT *MAY BE MULTIPLE CHARGES 35 C STREET, NW/PO BOX 37 EPHRATA, WA 98823-0037 (509) 754-2011 UNLESS WE HAVE NOTIFIED DO NOT DRIVE AFTER 12:01 AM ON YOU THAT YOU ARE CLEAR TO DO SO.

IF THE SUSPENSION GOES IN EFFECT YOU MUST PAY A REISSUE FEE IN ADDITION TO ANY OTHER LICENSING FEES, BEFORE A NEW LICENSE CAN BE ISSUED. WHEN THE SUSPENSION GOES INTO EFFECT AND YOU HAVE A WASHINGTON STATE DRIVER'S LICENSE IN YOUR POSSESSION, IT MUST BE SURRENDERED TO THIS DEPARTMENT.

AGENT FOR THE DEPARTMENT OF LICENSING SUSPENSION/REINSTATEMENT SECTION PHONE: (360) 902-3900